



COUNTY OF LOS ANGELES

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August 20, 2014

TO: Each Supervisor

FROM: Jonathan Fielding, M.D., M.P.H. *JE Fielding m*
Director and Health Officer

SUBJECT: **EBOLA VIRUS DISEASE UPDATE AND PUBLIC HEALTH RESPONSE**

This memorandum is to provide your Board with information on the Ebola virus disease (EVD, or Ebola) outbreak in West Africa and actions the Department of Public Health (DPH) is taking in Los Angeles County (LAC) out of precaution. The likelihood of Ebola importation or transmission in the U.S., and in LAC, remains very low. To date, there have been no confirmed Ebola cases reported in the U.S., other than the two U.S. health workers evacuated from Liberia who are hospitalized in Atlanta. In conjunction with federal and state actions to monitor the situation closely, DPH is enhancing our local response to the potential for Ebola and disseminating information about the outbreak. These actions include issuing a health alert to providers; informing the public, local college and university health centers, consulates, and first responder communities; planning outreach to local constituencies from Ebola affected countries; and coordinating with federal and state public health partners.

Background

The largest outbreak of EVD ever reported is currently occurring in West Africa. Ebola virus is a type of viral hemorrhagic fever disease. Symptoms include: fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, and abnormal bleeding. Symptoms may appear anywhere from 2 to 21 days after exposure to the Ebola virus, although 8-10 days is most common.

Previously, most Ebola outbreaks occurred in Central Africa. However, this outbreak started in the West African nation of Guinea in late 2013 and was confirmed by the World Health Organization (WHO) in March 2014. The outbreak subsequently spread to Liberia, Sierra Leone, and most recently, several cases have occurred in Lagos, Nigeria. As of August 19, 2014, the total number of suspected and laboratory-confirmed Ebola virus cases is 2,240 including 1,229 deaths. This means more than half of all EVD cases (55%) have died. On August 8, 2014, the WHO declared the Ebola outbreak in West Africa a public health emergency of international concern.

Transmission and Prevention

Ebola outbreaks spread from person to person by direct contact with virus-containing body fluids (e.g. blood, vomit, saliva, sweat, urine, and feces) or through exposure to objects (such as needles) that have been contaminated with infected blood or fluids. Ebola virus also can spread from a patient's corpse to those who prepare a body for burial. People are contagious only after they have developed symptoms of illness. People are not contagious before symptoms occur (the "incubation period").

Family members of an Ebola patient and health care workers are at greatest risk of infection. Infection control measures that protect against coming into contact with body fluids are effective in preventing the spread of Ebola. In healthcare settings, these precautions are described as “universal, contact and droplet” precautions. These precautions involve the use of personal protective equipment including mask, face shield or goggles, hospital gown, and gloves. More intensive respiratory protection is not needed since Ebola is not transmitted by the airborne route. Ebola is not transmitted through food or water either.

Further, isolation is an effective way to prevent the spread of Ebola infection in healthcare settings. Patients with suspect or confirmed Ebola infection should be isolated in a single room with the door closed; entry should be limited and a log kept of all persons who enter the room; and only essential diagnostic laboratory tests should be performed. Virtually every hospital in LAC has the capability to effectively isolate an Ebola patient. If an Ebola patient has a medical procedure performed that may cause secretions to break into small droplets (such as collecting mucous from the lungs), a higher level of isolation, known as airborne isolation, would be needed. This type of isolation is also available in many LAC hospitals.

Treatment

Severely ill patients with EVD require intensive supportive care (e.g. fever and pain control and fluid replacement). There is currently no specific treatment to cure the disease; although, experimental drugs are being used in some patients.

Travel Restrictions

On July 31, 2014, the Centers for Disease Control and Prevention (CDC) elevated the travel warning to United States (U.S.) citizens and encouraged them to defer unnecessary travel to Guinea, Liberia, and Sierra Leone given concerns that travelers may not have access to adequate health care facilities and medical personnel in those countries, if needed. On August 1, 2014, CDC issued a travel warning advising that people traveling to Nigeria should practice enhanced precautions.

CDC staff is assisting with active screening and education efforts on the ground in West Africa to prevent sick travelers from getting on airplanes. In addition, airports in Liberia, Sierra Leone, and Guinea are screening all outbound passengers for Ebola symptoms, including fever, and passengers are required to respond to a healthcare questionnaire. Nevertheless, an infected person who still has not developed symptoms could board an airplane, becoming sick *en route* or after arrival. Thus, screening alone will not prevent potential spread, highlighting the importance of alerting recent travelers of when and how to seek medical care.

Local Impact

The risk to the general public is very low because an individual would have to be in direct contact with body fluids from someone who is ill to become infected. However, it is possible that a person from one of the countries in West Africa experiencing the outbreak could arrive in LAC with symptoms of EVD or later develop symptoms after arriving in LAC. Early identification of such cases is crucial. Effective isolation of patients and appropriate infection control measures applied to any suspect Ebola patient would contain any potential spread.

DPH Response Actions

DPH has taken the following steps to enhance our activities in response to the potential for Ebola:

- 1) On August 4, provided the LAC 211 information line with the CDC's Ebola fact sheet.

- 2) On August 5, sent a Health Alert, incorporating the CDC's Ebola recommendations, to hospitals/emergency rooms and physicians regarding identification of suspect cases and management (e.g., infection control, laboratory testing, monitoring, and movement of persons with EVD exposure).
- 3) On August 8, sent educational materials to directors of student health centers at universities and colleges in LAC that may encounter returning students or staff from Ebola affected countries.
- 4) On August 14, sent a LAC Health Alert Network notification to medical providers throughout LAC. This notification informs physicians about the Ebola outbreak; provides guidance on isolation, diagnosis and management of suspect cases; and requests that DPH be immediately informed should suspect cases with risk factors for EVD be seen.
- 5) Physicians are available 24/7 to consult with healthcare providers regarding any suspect case of EVD by calling 213-240-7941 (8 am to 5 pm) or 213-974-1234 (nights/weekends).
- 6) DPH is working closely with both the California Department of Public Health and the CDC to share information and updates. In addition, although there are no direct flights from West Africa to Los Angeles International Airport (LAX), DPH maintains close communications with the CDC LAX Quarantine station and will be notified if any passengers arriving to LAX from EVD affected countries have symptoms that may be suggestive of the disease.
- 7) DPH is providing educational updates to first responders (e.g., Fire, Emergency Medical Services), coroners, and others who might be on the front lines of responding should an EVD case occur. DPH met with the pre-hospital care provider community, which includes paramedics, emergency medical technicians, and fire fighters on August 19 and 20, and will disseminate CDC guidance being developed for these responders.
- 8) Ebola information and "frequently asked questions" are posted on the DPH website at <http://publichealth.lacounty.gov/acd/Diseases/Ebola.htm>.
- 9) DPH staff communicated with the Guinean and Liberian consulates providing information on EVD and the importance of case detection and reporting.
- 10) DPH staff is planning to conduct outreach to LAC communities and service organizations of people from EVD affected countries.
- 11) DPH staff is planning to conduct outreach to international aid groups working in affected EVD countries that are based in LAC to quickly identify any ill aid workers who may arrive in LAC.

If you have any questions or require additional information, please let me know.

JEF:lt

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors